

Effective December 29, 1999

CLAIMS AS FILED - PART I

(Column: 1)


(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	45 minus 20 =	* 25
INDEPENDENT CLAIMS	3 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY
TYPE ☐

CB

OTHER THAN SMALL ENTITY

RATE	FEE
	345.00
X\$ 9=	
X39=	
+130=	
TOTAL	

LOB


1

1.

FOR

FOR

OR

RATE	FEE
	690.00
X\$18=	4.50
X78=	
+260=	
TOTAL	1140

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

LOB

2

1

On

On

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDITIONAL FEE	

OR

CD

1

On

port

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT FEE	

AMENDMENT C	(Column 1)		(Column 2)	(Column 3)	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDITIONAL FEE	

OR

25

On

ON

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT FEE	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 9/ 645014

Total Fee Calculation

Fee Code	Total # of Claims	Number Examined	A	Fee	Fee	Total
Sm. Reg.				Sm. Entry	Lg. Entry	
Basic Filing Fee	200.00				690	690
Total Claims Fee	200.00	45	25		450	450
Independent Claim Fee	100.00	3				
Multi-Dep. Claim Premium	200.00					
Surcharge	200.00					
English Translation	100				130	130
TOTAL FEE CALCULATION						1270

Fees due upon filing the application

Total Filing Fees Due = \$ 1270.00

Less Filing Fees Submitted = \$ 0.00

BALANCE DUE = \$ 1270.00

J. Arko
Office of Initial Patent Examination